Facility Letter Head

Log List of Surgical Procedures for the Past 2 years

Applicant Name:			
HAAD Application No:		HAAD License No:	If available

List of Operative Procedures	Year 1			Year 2		
	Performed Independently	Performed Under Supervision	Assisted	Performed Independently	Performed Under Supervision	Assisted
xxxxx	10	3	5			
	2	2	2			

Facility's Authorized Approval/ & Official Seal

*Note: the form will be rejected without official approval and seal